

Purpose:

- To provide an interim record for discussion and correction of findings.
- To initiate corrections where possible.

Fermi National Accelerator Laboratory

OSHA INSPECTION FINDINGS FORM

Instructions:

1. Please complete this form as you go.
2. Immediately correct any imminent hazards. Notify your Senior Safety Officer if it can not be immediately corrected.
3. If possible, correct findings while you're in the field, then note that the correction has been made in the *Comments or Fix* area of this form.
4. At the end of the inspection, maintain one copy for Div/Sec use in tracking the items in need of corrections.
5. At the end of the inspection provide a copy to your Senior Safety Officer or designee who shall submit copies to Mary Logue WH 7E by 4:00 pm

Inspection Date: **11/17/2003** Bldg **XYZ** Div. **AD** Dept. _____ Name of Person Completing this Form: **Joe Safety** Name(s) of OSHA Auditor(s): **Team 1**

#	Location	Room	Citation (if available)	Hazard Description	Comments or Fix	Date Fix Completed
1	Machine Shop	202		Electrical Panel PD01-02 blocked by cart	Cart moved.	11/17/2003
2	NE Exit			Emergency light LIG 01-02 inoperative in test mode.		

Please ensure your entries are legible

#	Location	Room	Citation (if available)	Hazard Description	Comments or Fix	Date Fix Completed
1						
2						
3						
4						
5						
6						
7						
8						

OSHA Inspection Findings Form

Date of Inspection: _____ FIMS: _____ BLDG: _____ DIV/SEC: _____ Dept _____

#	Location	Room	Citation (if available)	Hazard Description	Comments or Fix	Date Fix Completed
9						
10						
11						
12						
13						
14						
15						
16						
17						

OSHA Inspection Findings Form

Date of Inspection: _____ FIMS: _____ BLDG: _____ DIV/SEC: _____ Dept _____

#	Location	Room	Citation (if available)	Hazard Description	Comments or Fix	Date Fix Completed
18						
19						
20						
21						
22						
23						
24						
25						
26						

OSHA Inspection Findings Form

Date of Inspection: _____ FIMS: _____ BLDG: _____ DIV/SEC: _____ Dept _____

#	Location	Room	Citation (if available)	Hazard Description	Comments or Fix	Date Fix Completed
27						
28						
29						
30						

QUESTION OR REQUESTS TO PROVIDE DOCUMENTATION	ANSWER